



Washington Association for the Education of Young Children

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Continuing Education Proposal

Use this form to request that a college course (outside of the early childhood department) or other training that is not given by a STARS approved trainer or organization counts towards the 10 hours of Continuing Education requirement. Training can only count towards the training requirement for the year in which it was completed (e. g. for a training to meet the requirement for the year 2009, it must have occurred between January 1, 2009 and December 31, 2009).

WHAT types of training can be submitted for review? Training MUST be one of the training types listed below.

- Training provided by an organization outside of our professional field (e. g. local hospital, chamber of commerce).
- A college class that is NOT within a college's Early Childhood Department. College courses within a Washington State college's ECE Department already meet the STARS training requirement and this form is not necessary. You can receive credit for those courses by mailing to WAAYC a copy of your college transcripts with a Verification Report (a copy of your STARS Training Record).
- Distance Learning by an out-of-state sponsor.
- In-state training by an out-of-state or national sponsor (e. g. National Family Child Care conference held in WA).
- Out-of-state training by a nationally recognized sponsor (e. g. National Family Child Care conference held in NY).

WHAT documentation is required? Incomplete applications will be returned.

Only one college course or training can be submitted per form. The following documentation is required and MUST be attached:

- **An official description of the course/training:** A handout, brochure, syllabus, etc. from the organization/trainer that provided the course/training.
- **Proof of Attendance:** You must attach proof that you attended the course/training and successfully completed it (e. g. copy of a certificate of completion, a copy of a transcript). Proof of attendance should include: number of hours/credits earned, the date(s) of the training, your name, course/training title, and name of trainer or organization. A course description/flyer with an instructor's signature on it does not qualify as proof of attendance or completion. If you have questions, contact STARS.

WHEN will I receive a response?

If you have already taken the training: Submit this form with your documentation and a response will be mailed to you within 15 business days of receipt. If the training is approved, the training will be recorded in your STARS Registry record.

Funded by  Washington State Department of
Early Learning

If you will be taking the training in the future: Submit this form at least 15 business days before the training begins. A response will be sent to you within 15 business days of receipt. If the training is approved, AFTER you have taken the training you must immediately return to STARS Section III (Results of Training & Personal Statement) of this form with proof of attendance/completion so that your STARS Registry record can be updated.

Washington State Core Competency Areas *All trainings/courses MUST directly relate to one ore more of the 11 Washington State Core Competency Areas listed below.*

Administration

To be able to effectively and efficiently operate a program or school that assures quality services to young children, youth and their families.

Child Growth, Development & Learning

To understand the nature of growth and development and the adult's role in supporting a child's development and learning.

Child Guidance

To use organizational and guidance strategies that foster responsibility, autonomy, self-reliance and positive social interactions and to respond to children with respect, acceptance and comfort, acknowledging their individual diversity.

Communication

To communicate effectively with children, parents, other caregivers, and colleagues.

Cultural & Individual Diversity

To understand families as the primary context for children's learning and development, respect diversity in family structures and values, and develop skills in interacting with parents in ways that enhance children's educational success.

Curriculum Development

To understand that learning experiences are designed to meet the needs of all children, promote creativity, develop awareness of cultural backgrounds and diverse needs, and stimulate learning in all developmental areas.

Environmental Design

To be able to plan and create an atmosphere, using physical and human elements, which fosters children's involvement and development and promotes children's self-esteem, social interaction and joy of learning.

Family Systems

To maintain an open, friendly and cooperative relationship with each child's family, encouraging family involvement and supporting the child's relationship with her or his family.

Health, Safety, & Nutrition

To promote good health and nutrition and to provide a safe environment for children.

Observation & Assessment

To develop skills in observation, assessment, documentation and methods of reporting to family members.

Professionalism

To make decisions based on knowledge of theories and best practice, to advocate for quality in programs and schools, and to improve one's competence, both for personal and professional growth.

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Submit with required documentation to STARS at WAEYC.

Have Questions? Call STARS at (253) 854-2565 x17. Need more copies of this form? Go to www.stars.del.wa.gov

I. Personal Information

First Name _____ Last Name _____

STARS ID Number _____

If you have misplaced or forgotten your ID Number, contact STARS at (253) 854-2565 x17. If don't have a number, you can apply for one through a STARS ID Request form. You can download the form at the STARS Registry website, located at www.stars.del.wa.go, or contact STARS at (253) 854-2565 x17 to request a form be mailed to you.

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone Number _____

E-Mail Address _____

II. Training/Course Information

Training/Course Title _____

Name of Organization Providing Training _____

Is the organization out of state? Yes No

Name of Instructor _____

Contact Phone Number _____ Ext. _____

Training/Course Start Date _____ Training/Course End Date _____

STAFF USE ONLY

DATE RECEIVED _____

APPROVED Date _____ Initials _____

STARS YEAR _____

DENIED Date _____ Initials _____

REASON FOR DENIAL

STAFF USE ONLY

Core Competency Areas Addressed In the Training/Course

1. _____ Administration
2. _____ Child Growth, Development & Learning
3. _____ Child Guidance
4. _____ Communication
5. _____ Cultural & Individual Diversity
6. _____ Curriculum Development
7. _____ Environmental Design
8. _____ Family Systems
9. _____ Health, Safety & Nutrition
10. _____ Observation & Assessment
11. _____ Professionalism.

Total Hours _____

III. Results of Training/Course *Complete this page after you have successfully completed your training/course.*

Describe what you learned and how you plan to use what you learned. Please provide specific examples (e.g. learning outcomes, training/course content, focus of the training/course, etc.).

IV. Personal Statement

I verify that I have completed this training/course and that the information in this application is true and accurate.

Signature _____ Date _____